

Example Form

VOLUNTARY FORM

OMB Control No: 1004-0114

Expires: 7/31/03

CHECK ONE: LODE PLACER

MILLSITE TUNNEL SITE

MINING CLAIM LOCATION NOTICE/CERTIFICATE

CLAIM NAME/NUMBER _____ CREEK NAME _____

DATE OF LOCATOR'S DISCOVERY _____ DATE LOCATION NOTICE POSTED _____

(Month/day/year)

(Month/day/year)

CLAIM SIZE _____ Ft long in N/S direction and _____ ft wide in an E/W direction

THIS CLAIM IS LOCATED IN (complete as many lines below as apply to this claim)

_____ Meridian: Township _____, Range _____, Section _____	Quarter Section _____
_____ Meridian: Township _____, Range _____, Section _____	Quarter Section _____
_____ Meridian: Township _____, Range _____, Section _____	Quarter Section _____
_____ Meridian: Township _____, Range _____, Section _____	Quarter Section _____

THIS CLAIM IS LOCATED IN THE _____ RECORDING DISTRICT, STATE OF ALASKA

LOCATOR (Name & address where correspondence should be sent)

Name _____

(Signature) () Owner () Agent

Address _____

ALL LOCATORS/OWNERS OR THEIR AGENTS
MUST SIGN

ADDITIONAL LOCATORS

Name _____

(Signature) () Owner () Agent

Address _____

Name _____

(Signature) () Owner () Agent

Address _____

(Use extra page if necessary)

Optional: In place of the claim sketch to the right, a separate map showing the location of this claim is:

- ☐ Attached to this Certificate.
☒ Attached to the Certificate for the following claim.

CLAIM SKETCH

